



Termination Checklist For Local Employees

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Note: If the employee is retiring, please be sure to have the employee contact the Department of Employee Trust Funds at 1-877-533-5020 to request a retirement estimate.

Employer Information
Employer ETF ID

Employee Information	
Name	
ETF ID	Termination date (MM/DD/YYYY)

Complete this checklist before your employee terminates:

Wisconsin Retirement System

Process a termination transaction on the [WRS Account Update](#) application found in [ETF Web Applications for Employers](#). Refer to the [Wisconsin Retirement System Administration Manual \(ET-1127\)](#) Chapter 9 for more information.

If the employee is retiring, process a *P001 Termination- Employment or Retirement* transaction and refer them to the [WRS Guide to Retirement \(ET-4133\)](#) brochure for additional information.

- Make sure the current address of the employee is entered in ETF's system. Tell the employee to contact ETF directly if they change their address.

Wisconsin Public Employers Group Health Insurance (if applicable)

Coverage End Date: _____

Plan: _____ (health plan) Single Family

For employees terminating employment, coverage ends at the end of the calendar month in which the employee terminates employment. The employer must enter the termination in [myETF Benefits](#) application. Employers should refer to the [Local Employer Health Insurance Standards, Guidelines and Administration Manual \(ET-1144\)](#) for information.

Consolidated Omnibus Budget Reconciliation Act (COBRA) - Termination *not* due to retirement:

Within five days of being notified of the termination, the employer is responsible for notifying the employee and qualified beneficiaries of their right to continue group coverage or convert to individual coverage by providing a [Continuation-Conversion Notice \(ET-2311\)](#) form (with the employer sections completed) and the [Health Insurance Application/Change \(ET-2301\)](#) form.

- Submit the [Verification of Health Insurance Coverage and Local Employer Paid Annuitant Transfer Report \(ET-4814\)](#) instead of a COBRA (ET-2311) form when:

- An employee is a minimum retirement age and is taking an immediate annuity or
- An employee terminates at minimum retirement age with at least 20 years of creditable WRS service but does not take an immediate annuity.

- Employer Verification of Health Insurance Coverage - Termination *due* to retirement:** Health insurance coverage automatically continues for covered employees upon retirement. If the retiring employee does **not** wish to continue coverage, *ETF must receive that notification in writing with the member's signature prior to their active coverage ending.* The employer must complete and submit to ETF the [Verification of Health Insurance Coverage and Local Employer Paid Annuitant Transfer Report \(ET-4814\)](#), signed by both the employer and employee indicating whether the employee elects to continue or cancel health coverage.

Local Annuitant Health Program (if applicable)

This health insurance program is available to employees who are retiring, or to surviving dependents, where the employer offers health insurance that is not the Wisconsin Public Employers Group Health Insurance Program. Enrollment limitations apply. Refer the prospective retiree or surviving dependent to the *Local Annuitant Health Program (LAHP) Decision Guide* (ET-2156), available at etf.wi.gov or from ETF.

Life Insurance (if applicable)

Coverage Paid Thru: _____

- Basic 100% Supplemental Additional 1 Additional 2 Additional 3
- Spouse & Dependent Unit I Units I and II

For employees terminating employment, coverage ends the last day of the calendar month in which employment terminates. *Eligible* employees may have options for continuing or converting life insurance coverage.

After age 65 (if retired) or age 70 (if actively employed under the WRS) basic coverage continues at a reduced level with no further premiums required.

If the termination is due to retirement and the employee begins a WRS annuity within 31 days after coverage terminates, insurance automatically continues. Premiums will be deducted from the employee's annuity.

Refer to [The Wisconsin Public Employers Group Life Insurance Program Administration Manual \(ET-1117\)](#) Chapter 15 for more information.

Delta Dental of Wisconsin Insurance (if applicable)

Coverage end date: _____

- PPO-Select Plan PPO Plus Premier-Select Plus Plan
- Employee Employee + Spouse Employee + Family
- PPO Plus-Preventive Plan
- Individual Family

Local Employers should contact Delta Dental of Wisconsin at 715-343-7679 or ETFSales@deltadentalwi.com about setting up terminated employees with their legally required 18 months of continuation coverage.

Income Continuation Insurance (ICI) (if applicable)

Coverage Paid Thru: _____

ICI coverage terminates on the date an employee resigns, terminates, is dismissed, or retires. When coverage ends, a full month's premium is required for any month or portion of a month in which earnings are paid. Refer to the [Wisconsin Public Employer Income Continuation Insurance Administration Manual \(ET-1145\)](#) Chapter 6 for more information.

Deferred Compensation (if applicable)

The employee may contact Employer Retirement at 1-877-457-9327 to discuss and ask any questions regarding their Wisconsin Deferred Compensation account.

Employers and employees should contact ETF with any questions. Visit etf.wi.gov for ETF-administered benefits information, forms, brochures, benefit calculators, educational offerings and other resources. Members should contact ETF to request a retirement estimate and application before they retire.

Signature	
This signature acknowledges that both parties have reviewed this checklist before the employee's last day due to termination or retirement, and that everything applicable to this employee has been completed as noted above.	
Employee Signature	Date (MM/DD/YYYY)
Employer Signature	Date (MM/DD/YYYY)